

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37750

FILED DEC 6 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1261

1. PLACE OF DEATH:

(a) County. Buchanan
(b) City or town. St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2434 South 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joseph Henry Baumer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife. Margaret Baumer
6. (c) Age of husband or wife if alive. 75 years
7. Birth date of deceased. November 4, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 9 hr. min.

9. Birthplace. Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired Night Watchman

11. Industry or business. Hax Smith Furniture Co.

12. Name. Joseph Baumer

13. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Bray

15. Birthplace. Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Margaret Baumer

(b) Address. 2013 So. 11th St.

17. (a) Burial (b) Date thereof. Nov. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Olivet Cemetery

18. (a) Signature of funeral director. Norman W. Siduslaw

(b) Address. 1802 Union St.

19. (a) 11-16-43 (b) Rose Heigoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Buchanan 11
(c) City or town. St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2013 South 11th St. 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 13th
year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Nov. 13, 1943
that I last saw him alive on Nov. 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma - base of tongue 1 yr.
Duration

Due to Emaciation

Due to Senility 45 f

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature BS Grant (M.D. or other) MD
Address St. Joseph, Mo. Date signed 11-15-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1233

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Herman W. Sidenfaden

Licensed Embalmer No. 2728

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.